

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10766872  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
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27	1					
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29		2				
30		2				
31		1				
32	1					
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50						
TOTAL IND.	5					
TOTAL DEP.	34					
TOTAL CLAIMS	39					

	IND	DEP	IND	DEP	IND	DEP
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